



**City of West Allis**  
**Human Resources Department**  
7525 West Greenfield Avenue  
West Allis, Wisconsin 53214  
414/302-8270  
[www.westalliswi.gov](http://www.westalliswi.gov)

## **SPRING AND FALL TEMPORARY LABORERS**

### **Department of Public Works**

#### **Forestry Division**

40 hours/week (weather permitting)  
Monday – Friday, 7:00 a.m. – 3:30 p.m.

**Spring Employment: Early-April through Mid- to Late-May**  
**Fall Employment: Mid-August through Mid- to Late-October**

**DUTIES:** A TEMPORARY LABORER is responsible for mowing grass, trimming, pulling weeds, blowing leaves, emptying City refuse containers, etc. This position requires prompt, predictable, and regular attendance. (NOTE: Time off for vacations will not be allowed. If time is needed off work, it must be requested from the Supervisor well in advance. If an employee calls in sick, medical documentation must be submitted for the sick leave to be approved.) A Temporary Laborer must maintain the ability to lawfully operate designated motor vehicles at all times that duties are performed, and maintain the ability to travel throughout and enter all different properties in the jurisdiction.

#### **MINIMUM REQUIREMENTS:**

- At least 18 years of age.
- Possess a valid Wisconsin Driver's License and have a good driving record (a police check will be conducted). A candidate's driving record will be reviewed according to the following standards. Failure to meet these standards may result in the rejection of the candidate:
  - Must have no more than two moving violations in the last 18 months and no more than three moving violations within the last 36 months.
  - No more than one chargeable accident within the last 18 months or more than two chargeable accidents within the past 36 months.
  - No more than six (6) demerit points within the past 12 months.
  - No driving under the influence (Wis. Stat. 346.63) or reckless driving (Wis. Stat. 346.62) convictions within the past five years.
- Recent work experience in performing manual labor.
- Possess the physical capacity to perform manual labor for extended periods of time including, but not limited to, the ability to continuously start, push, pull, and maneuver riding mowers, push mowers, and other small-motorized equipment; continuous lifting up to 20 lbs. and occasional lifting up 100 lbs., depending on duties performed; the ability to continuously walk, bend, kneel, sit, twist, stoop, stretch, squat, lift, push, pull, enter and exit City truck, etc.

#### **ACTIVITY FREQUENCIES**

Continuous	67 – 100% of workday
Frequent	34 – 66% of workday
Occasionally	1 - 33% of workday
Never	0

- Ability to withstand exposure to variable and unfavorable weather and working conditions including, but not limited to, temperature variations and extremes, odors, toxic agents, noise, vibrations, vehicular traffic, and/or dust.

This position description has been prepared to assist in defining job responsibilities, physical demands, and skills needed. It is not intended as a complete list of job duties, responsibilities, and/or essential functions. This description is not intended to limit or modify the right of any supervisor to assign, direct, and control the work of employees under supervision. The City retains and reserves any or all rights to change, modify, amend, add to or delete from, any section of this document as it deems, in its judgment, to be proper.

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**SALARY:** The 2015 resident hourly rate is \$12.00 to \$15.00 per hour. The 2015 non-West Allis resident hourly rate is \$11.76 to \$14.70 per hour.

**EXAMINATION DATA:** The first step in the selection process will be a review and evaluation of the application materials. Therefore, it is necessary that applicants provide clear and specific information when completing the application materials.

The examination will consist of a Pass/Fail Skills Test designed to assess skills and abilities and to measure the strength and stamina of each candidate. **CANDIDATES MUST ACHIEVE A PASSING SCORE ON THE SKILLS TEST IN ORDER TO QUALIFY FOR AN INTERVIEW.** The Interview is the second part of the examination and will be scored on a Pass/Fail basis. (Note: Candidates who do not pass the Skills Test and/or the Interview will be eliminated from the process.)

The Skills Test and Interview will be conducted mid- to late-March for Spring Laborers, and late-July/early-August for Fall Laborers (only if there are not enough names left on the eligibility list from Spring). **Qualified applicants will be notified later as to the date, time, and location of the examination. Returning applicants who have worked within the last two seasons and possess a good work record will be excused from the examination process.**

**HIRING PROCESS:** Candidates who achieve passing scores on the Skills Test and Interview will be placed on an eligible list. As positions become available, they will be filled, with preference being given to those returning applicants who possess a good work record. (Note: returning applicants must reapply annually after January 1<sup>st</sup>.) If a candidate is unable to begin work when the position is available, his/her name will remain on the eligible list. The City does not guarantee job placement for all candidates on the eligible list. Employees are hired at will. **(NOTE: EMPLOYMENT MAY BE TERMINATED AT ANY TIME IF THE EMPLOYEE IS FOUND TO BE UNSUITABLE FOR ANY REASON.)**

**POST-OFFER DRUG TEST/PHYSICAL EXAM/POLICE RECORD CHECK:** Persons offered employment must pass a post-offer drug test and a thorough physical examination as well as a Police Record Check as a condition of employment. Employees may be subject to drug testing at any point during employment.

**HOW TO APPLY:** Applications are available on-line at [www.westalliswi.gov](http://www.westalliswi.gov) and at the Human Resources Department, Room 133, City Hall, 7525 West Greenfield Avenue, West Allis, Wisconsin, 53214. **APPLICATION DEADLINE FOR SPRING LABORER IS FRIDAY, FEBRUARY 27, 2015 AT 5:00 P.M.; IF REQUIRED, THE DEADLINE FOR FALL LABORER IS FRIDAY, JULY 10, 2015 AT 5:00 P.M.** Applications received after the deadline for either season as noted above will be placed on hold for future consideration.

**Please note:** A job interest card may not substitute for the application form.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status in the admission or access to, or treatment or employment in, its services, programs or activities.

Upon reasonable notice the City will furnish appropriate auxiliary aids and services when necessary to afford individuals with disabilities an equal opportunity to participate in and to enjoy the benefits of a service, program or activity provided by the City.

It is the policy of the City of West Allis to provide language access services to populations of persons with Limited English Proficiency (LEP) who are eligible to be served or likely to be directly affected by our programs. Such services will be focused on providing meaningful access to our programs, services and/or benefits.

2015



# APPLICATION FORM

## ATTENTION APPLICANTS - PLEASE READ

Following are important points to know about the City of West Allis application process:

1. **Applications must be completed in full.** Applications not completed in full may be subject to disqualification.
2. A completed application form is required. You may supplement the application form with a resume; however, providing a resume does not exclude you from completing the application form in full.
3. It is to your advantage to be clear and thorough when completing the application, as it is the only means the City has of reviewing your qualifications for employment. We cannot assume more than what you tell us.
4. If you faxed or emailed your application, you still need to mail in or drop off the original in order to be considered for employment.
5. After all the applications are reviewed, the most qualified candidates will be invited to participate in other phases of the hiring process. All applicants are evaluated on job-related factors only.
6. If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available on the front section of the application form. Dates of unavailability will be reviewed to determine if any accommodations are feasible.
7. It is the policy of the City of West Allis to provide reasonable accommodations for qualified individuals with disabilities who are applicants for employment. If you are a qualified individual with a disability and need a reasonable accommodation in the testing or interview phase of our hiring process, please contact the Human Resources Division at (414) 302-8270 or e-mail [jbarwick@westalliswi.gov](mailto:jbarwick@westalliswi.gov) at least 72 hours (i.e., three (3) work days) in advance. Each request for accommodation will be reviewed on a case-by-case basis and accommodated unless it is determined to be unreasonable.
8. If you are having problems completing the application form or have any questions or concerns, contact the Human Resources Division.

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**(APPLICANT MAY RETAIN THIS PAGE)**



Human Resources Division  
7525 West Greenfield Avenue  
West Allis, Wisconsin 53214

Exam No. \_\_\_\_\_

Telephone: 414-302-8270  
Fax: 414-302-8275  
www.westalliswi.gov

**City of West Allis**  
An Equal Opportunity Employer

## APPLICATION FOR EMPLOYMENT

**IMPORTANT:** READ THE INSTRUCTIONS CAREFULLY BEFORE FILLING OUT YOUR APPLICATION. EXCEPT WHERE NOTED, ALL REQUESTED INFORMATION MUST BE FURNISHED. THE INFORMATION YOU GIVE WILL BE USED TO DETERMINE YOUR QUALIFICATIONS FOR EMPLOYMENT. PLEASE TYPE OR PRINT.

Dates of unavailability (If you are planning to be out-of-town within the next 90 days, please indicate the dates you will not be available):  
\_\_\_\_\_

Position applied for \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

Social Security Number \_\_\_\_\_

Other names under which you have been legally known \_\_\_\_\_

Address \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

Phone Number: Home \_\_\_\_\_ Cell \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Are you at least 18 years old? ☐ Yes ☐ No

Do you have the legal right to live and work in the United States? ☐ Yes ☐ No

Do you wish to have the information contained in your  
application materials remain confidential as permitted by law? ☐ Yes ☐ No

If the job requires use of a motor vehicle, do you have a valid Wisconsin Driver's License? ☐ Yes ☐ No

If the job requires use of a Commercial Driver's License (CDL), do you have a valid CDL? ☐ Yes ☐ No

List CDL classification(s) and/or endorsement(s) \_\_\_\_\_

### MILITARY SERVICE:

Have you ever served in the U.S. Armed Forces, National Guard or Military Reserves? ☐ Yes ☐ No

Branch of Service \_\_\_\_\_ Dates of Duty: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_  
MM / DD / YYYY MM / DD / YYYY

Per DD Form 214:

Type of Separation \_\_\_\_\_ Character of Service \_\_\_\_\_

Narrative Reason for Separation \_\_\_\_\_

(List and detail individual position(s)/rank(s) held under work history)

**EDUCATION AND TRAINING:**

Do you have a High School Diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No Name High School: _____ City/State: _____	Do you have a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No From Where: _____ City/State: _____	<b>If <u>no</u> High School Diploma or GED, circle the highest grade or year completed:</b> <b>6 7 8 9 10 11 12</b> From Where: _____ City/State: _____
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Training Beyond High School (Technical College, College, University, or other schools you have attended)

Name and Location	Graduated	Degree Conferred	Major
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		
.....	<input type="checkbox"/> Yes <input type="checkbox"/> No		

List any other education, training, license(s) and/or certificate(s) – be specific and include dates.


**WORK HISTORY:**

**GIVE A COMPLETE RECORD OF ANY EMPLOYMENT, SELF-EMPLOYMENT, MILITARY SERVICE AND/OR VOLUNTEER WORK YOU HAVE HAD IN THE PAST 10 YEARS.** Start with your current or most recent job. Indicate any change in job title under the same employer as a separate position. You may include positions beyond the 10-year period if they are related to the position for which you are applying. Although resumes are welcome, they may not be substituted for the information requested below.

PRESENT OR MOST RECENT EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)	KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR	
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )	
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____	

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )		
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )		
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )		
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )		
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____		

EMPLOYER	ADDRESS OF BUSINESS (STREET AND CITY)		KIND OF BUSINESS	
YOUR TITLE	REASONS FOR LEAVING	NAME, TITLE & PHONE NO. OF SUPERVISOR		
YOUR DUTIES		FROM (MO. & YR.)	TO (MO. & YR.)	
		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME ( _____ HRS. PER _____ )		
		ACTUAL HOURLY RATE/SALARY STARTING                                  ENDING \$ _____ PER _____    \$ _____ PER _____		

Use a separate sheet to continue with any additional qualifying employment data, using same format as above.

If you were discharged for cause from any employment, state the details: \_\_\_\_\_

List any equipment, machines, tools, or computer software you are skilled in using.

**VIOLATIONS OF LAW: A Police background check may be conducted prior to a job offer.**

Are you currently subject to a pending charge? ☐ Yes ☐ No

If yes, what is the pending charge? \_\_\_\_\_

Have you ever been convicted of operating a vehicle while intoxicated (OWI) or any other violations of law excluding minor traffic violations? ☐ Yes ☐ No

If yes, list and detail what you have been convicted of, date and location of conviction, and the penalty imposed: \_\_\_\_\_

**(The City, as a matter of explicit policy, does not use pending charges or convictions as the sole criteria in its employment decisions; they will be considered only if there is a substantial relationship to the circumstances of the particular job or if bondability is at issue.)**

Have you applied with the City of West Allis before? ☐ Yes ☐ No If yes, for what position(s) and when? \_\_\_\_\_

**CERTIFICATION AND AGREEMENT**

I certify that answers given by me to the foregoing questions and statements are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions herein subject me to disqualification or dismissal.

I authorize the City of West Allis to make such investigations and inquiries of my employment, character, qualifications, and medical history as may be necessary in arriving at an employment decision. I hereby release all employers, companies, schools or persons from all liability in responding to such inquiries made in connection with my application.

I further understand that in the event of employment by the City, my classification as a permanent employee depends upon my successfully performing work assigned me during a probationary period, where applicable.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF APPLICANT)

**(FOR HR OFFICE USE ONLY)**

Comments: \_\_\_\_\_



## ADDITIONAL INFORMATION

This form **MUST** be returned with your application materials.

The City of West Allis is an Equal Opportunity/Affirmative Action Employer and does not discriminate against individuals on the basis of race, color, religion, age, marital or veterans' status, sex, national origin, disability, or any other legally protected status.

To help us comply with Federal/State Equal Employment Opportunity record keeping and other legal requirements, please answer questions below.

Position applied for \_\_\_\_\_ Social Security Number \_\_\_\_\_

Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

**Completion of this part of the form is voluntary.** The information you provide will not be used in the decision to hire. If you choose not to complete this section, proceed to the bottom of the form for your signature and date.

Sex: ☐ Male ☐ Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_  
MM / DD / YYYY

Veteran Status: ☐ Veteran ☐ Non-Veteran ☐ Disabled Veteran, Disability Rating \_\_\_\_\_%

Ethnic Group:

- ☐ **Black** (Not of Hispanic Origin) – All persons having origins in any of the Black racial groups of Africa.
- ☐ **Asian or Pacific Islander** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- ☐ **American Indian or Alaskan Native** – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- ☐ **Hispanic** – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish Culture or origin, regardless of race.
- ☐ **White** (Not of Hispanic Origin) – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Do you consider yourself to be disabled? ☐ Yes ☐ No

[A disabled individual is: any person who has a physical or mental impairment which substantially limits one or more of such person's major life activities, or has a record of such impairment or is regarded as having such impairment. Major life activities which might be substantially limited by such impairment include: walking, talking, or otherwise communicating, self-care, socialization, work training, employment, transportation or adaptation to housing (these are examples only).]

If yes, what is the disabling condition? \_\_\_\_\_

What limitations does this condition impose on major life activities? \_\_\_\_\_

How did you hear about this job? (Please specify where applicable.)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Milwaukee Journal/Sentinel | <input type="checkbox"/> Job Service            | <input type="checkbox"/> School _____                          |
| <input type="checkbox"/> Spanish Journal            | <input type="checkbox"/> City Cable Channel     | <input type="checkbox"/> Community/Minority Organization _____ |
| <input type="checkbox"/> City Website               | <input type="checkbox"/> Bulletin Board/Walk-In | <input type="checkbox"/> Other Advertisement _____             |
| <input type="checkbox"/> Interest Card              | <input type="checkbox"/> Employee               | <input type="checkbox"/> Other Website _____                   |
| <input type="checkbox"/> Job Hotline                | <input type="checkbox"/> Word of Mouth          | <input type="checkbox"/> Other _____                           |

The above-completed information is true to the best of my knowledge:

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE)